SIRTH NO	任心任日	State File No	CATE OF DEATH	STANDARD CERTIL	7 1330	HIER DEC 2
PLACE OF DEATH	3737	4(IOOS	218	_	BIRTH NO
D. CITY (II conside compared limits, write BURAL and give township) OR TOWN ST. LOUIS Movements of the place	tion: residence b	deceased lived. If institut	2. USUAL RESIDENCE (Where d		ATH	1. PLACE OF DE
d. FILL NAME OF INCSTITUTION 333 TCX AS 3. NAME OF DECEASED C. (First) DECEASED D. (First) D. (Middle) D. (A. (Last) D. (Last) D. (A. (Last) D. (Last) D. (A. (Last) D. (A. (Last) D. (Last) D. (A. (Last) D. (Last) D. (A. (Last) D. (L	249	•	c. CITY (If estable corporate limits, write)	RURAL and give C. LENGTH OF STAY (in this place		b. CITY (If outside of OR TOWN \$7
(17 Page of Prival) 5. SEX	نگ :	location)	d. STREET (If rural, give los	Institution, give street address or location)	(If not in hospital or 3337	HOSPITAL OR INSTITUTION
MARCHAR RED 10a. USUAL OCCUPATION (Give kind of each product) 10b. KIND OF BUSINESS OR INDUSTRY 12c. TATHER'S MANE 13b. MOTHER'S MAIDE MARE 13b. MOTHER'S MAIDE MARE 15b. MAS DECEASED EVER IN U.S. ARMED FORCES? 16c. CAUSE OF DEATH Enter only one accuse per a date of service) 17c. This does not mean the mode of spring, such make the tone of service) 18c. CAUSE OF DEATH Enter only one accuse per a date of service) 19c. CAUSE OF DEATH Enter only one accuse per a date of service) 19c. CAUSE OF DEATH Enter only one accuse per a date of service) 19c. CAUSE OF DEATH Enter only one accuse per a date of service) 19c. CAUSE OF DEATH Enter only one accuse per a date of service) 19c. CAUSE OF DEATH Enter only one accuse per a date of service) 19c. CAUSE OF DEATH Enter only one accuse go and acting the model of spring, such per a date of service) 19c. CAUSE OF DEATH Enter only one accuse go and acting the model of spring, such per a date of service of a date in the store cause (a) date in the service of a date in the store cause (a) date in the store cause (b) and acting the underlying cause last. 19c. DATE OF OPERA. 19c. DATE OF OPERA. 19d. MORIDIO 19d. MADOR FINDINGS OF OPERATION 21c. ACCIDENT BOURDED 21d. TIME (Mostla) 21d. TIME (Most	Dey) (Year) 4 195	OE .	KREN	ew c.	MATTH	(Type or Print)
does during most of overlage life, even if retherd DUSTRY S.T. LOUIS Mo OR		AGE (In years of them: 1 TE	JUNE 7 1867 Share	WIPOWED DIVORCED (Boods)	COLOR OR RACE	MAIE
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME EMMA KREN 3337 TC 18. CAUSE OF DEATH Enter only one occuse per line for (a), (b), and (c) "This does not mean the made of dying, such as heart falliure, actheria, etc. It immens the discase or conditions, if any, giving DUE TO (b) "This does not mean the man the discase or conditions of the made of dying, such as heart falliure, actheria, etc. It immens the discase in our conditions do the death but not related to the decease of north Justing to the death but not related to the decease of conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease of rom the death of the decease of rom the course of the death of the decease of rom the course of the death of the decease of rom the course and on the date stated ab 20. If the decease of rom the causes and on the date stated ab 20. If the decease of the death occurred at 20. If the decease and on the date stated ab 20. If the decease of the death occurred at 20. If the decease and on the date stated ab 20. If the decease of the death occurred at 20. If the decease and on the date stated ab 20. If the decease of the death occurred at 20. If the decease and on the date stated ab 20. If the decease of the death occurred at 20. If the decease and on the date stated ab 20. If the decease of the death occurred at 20. If the decease and on the date stated ab 20. If the decease of the death occurred at 20. If the decease and on the date stated ab 20. If the decease and the decease and on the date stated ab 20. If the decease and the death occur	CITIZEN OF WI	/10	ST. LOUIS	DUSTRY	ine ille, even il rettred) LERK	RETIRED C
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Enter only one osuse per line for (a), (b), and (c) *This does not mean the mode of dyring, such as heart failure, asthemia, etc. It means the discase, injury, or compilication which caused death. DUE TO (b) *This does not mean the discase of dyring, such as heart failure, asthemia, etc. It means the discase, injury, or compilication which caused death. DUE TO (c) DIE TO (c) *This does not mean the discase of dyring, such as heart failure, asthemia, etc. It means the discase or conditions, if any, giving DUE TO (b) *This does not mean the discase of dyring, such as heart failure, asthemia, etc. It means the discase or couse (a) stating the underlying cause last. DUE TO (c) DIE TO (c) **This does not mean the discase of dyring, such as heart failure, asthemia, etc. It means the discase or cause (a) stating the underlying cause last. DUE TO (c) **This does not mean the discase of dyring but to the above cause (a) stating the underlying cause last. **DUE TO (c) **This does not mean the discase last the underlying cause last. **DUE TO (c) **This does not mean the discase last the underlying cause last. **DUE TO (c) **This does not mean the discase last the underlying cause last. **DUE TO (c) **This does not mean the discase last the underlying cause last. **DUE TO (c) **This does not mean the discase last the underlying cause last. **DUE TO (c) **This does not mean the discase or conditions, if any, giving DUE TO (b) **DUE TO (c) **This does not mean the discase or conditions (disting the underlying cause last. **DUE TO (c) **This does not mean the discase or conditions (disting the underlying cause last. **DUE TO (c) **DUE TO (ADDRESS CXA		EMMA KREN	(of service) NO.		(Yes, no, or unknown) (I
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alive on 12/14, 1950, and that death occurred at 815 Pm., from the causes and on the date stated ab 23a. SIGNATURE ((Degree or title) 23b. ADDRESS 23c. 25a. SURIAL CREMA) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)	21	42	21f. HOW DID INJURY OCCUR?	WHILEAT (" NOT WHILE (")	(Day) (Year)	21d. TIME (Month) OF INJURY
Edward Th. Stantil In. I 1504 to Grand Blow 1 248. BURIAL CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)			, 18, 10 10	ne deceased from		alive on 12
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DEC 16 1953 EG. J. SIGNATURE ADDRES THOMAS RULE 2906	have	TURE ADDRES	25. FUNERAL DIRECTOR'S SIGNATURE	SIGNATURE	REGISTRAR'S	DEC 16 155 PEG

N. 1.5. 1.1. 1 EMMO SEEV STATEMENT BY LICENSED EMBALMER I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______ working under my personal supervision.

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Shawar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.